

COMPLETED

P.O. No. F4549

REIMBURSEMENT

LIMITED PURCHASE ORDER
 (Not to Exceed \$1000.00)

Date _____

VENDOR NAME AND ADDRESS:	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call
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ITEM	DESCRIPTION <small>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES</small>	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1						
2						
3						
4	PAID					
5	CHECK #: 94827784					
6	DATE: 5-12-22					
7						
8	AMOUNT: 12.85					
9	VOUCHER#:					
10						

Purchases Charged to Categorical Programs, Grants or Special Projects
 This purchased is in compliance with the requirements of:

_____ Program Name

_____ For grants/special projects _____ Project/Grant Number

Program Director/Coord. Signature _____

Program Goal/Objective Number/Explanation _____

	SUB-TOTAL
	SALES TAX
	TOTAL (Not to Exceed \$1000.00)

VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$1000.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I hereby certify the items/services listed above shall be obtained in accordance with District Policy, Conflict of Interest Code, P-8631 Section 3.0., and all other applicable district, state, and federal policies, rules, regulations, and laws.

Received by _____ Date _____

GENFD / 4500 / 12 / FL.VI.SWPA

REQUESTED BY: _____ **TYPED/PRINT** _____ **DATE** _____

Bus. Unit	Account	Fund	Org	
63400	/ 00000	/ 2022	/ 485Y	\$ 12.85
Program	Sub-Class	BY	Proj/Grnt	Amount

REQUESTED BY: _____ **SIGNATURE** _____ **DATE** _____

Bus. Unit	Account	Fund	Org	
/	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount

APPROVED: _____ DEAN OR OTHER AUTHORIZED SIGNATURE _____ DATE _____

Bus. Unit	Account	Fund	Org	
/	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount

APPROVED: _____ VICE PRESIDENT, ADMINISTRATION _____ DATE _____

Program	Sub-Class	BY	Proj/Grnt	Amount
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Raley's

Get Something Extra
at Raleys.com

TERM# 1 STORE# 412 OPERATOR# 840
05/04/22 RALEY'S (800)925-9989 07:44:41

SOMETHING EXTRA ACCT. XXXXXXXX8777
Grocery Items
20 LB CUBE ICE Q1 5.99 TF
20 LB CUBE ICE Q1 5.99 TF
SUBTOTAL 11.98
7.25% TAX CA .87
TOTAL \$ 12.85
CREDIT CARDS XXXXXXXXXXXX7252 12.85
CASH CHANGE .00

NUMBER OF ITEMS 2

05/04/2022 07:45:17
MID:029800164121 TID: 001
012516

CREDIT CARD

PURCHASE

CARD #: XXXXXXXXXXXX7252
Chip Card: CHASE VISA
AID: A0000000031010
ATC: 025A
TC: A4C42BEB6DE84A89
TSI: 0000 ARC: 05469D
INVOICE: 520100004
Approval Code: 05469D
Entry Method: Cntctless
Mode: Issuer
SALE AMOUNT \$12.85